

## WV WIC Nutrition Program Consent to Receive Services

We are committed to the privacy of your information.

Please read this form carefully.

Participant Name	Date of Birth
Children's Name	Date of Birth

I consent to receive services provided through the West Virginia WIC program. To receive these services, I consent and agree to the provision of my and/or my child's medical information, which may include protected health information, by my health care providers at \_\_\_\_\_ to the West Virginia WIC program.

I understand and agree that:

- This form gives WIC consent to obtain information needed to complete my WIC certification appointment and provide the participant(s) with benefits.
- To take back my permission, I will contact the WIC office where I receive services. I understand that WIC may have released information within the facility prior to this time with my permission.
- WIC offices will keep my information confidential as required by law. If I choose to share my information with others who are not required by law to keep it private, it may no longer be protected by federal confidentiality laws.

I am signing this form voluntarily. I have the right to a signed copy of this form if I request one.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
WIC Participant

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
WIC Program Representative

## USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.